

**50 Illinois Administrative Code****Section 3119. Exhibit A****Request for Certification of a PRE-LICENSING COURSE**

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

New Course Fee: \$50.00 to be submitted with this form.

Provider Registration: \$1,000.00 (if you are not currently registered as a provider in this calendar year).

Fees must be submitted with this application. Checks or money orders should be made payable to the Director of Insurance.

Please Print or Type:

Provider's Name		Federal Employer's I.D. -
Provider's Address (street, city, state, zip code)		Social Security #--Individual - - <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>
Published Phone #	Contact Person	Phone # for Contact Person
Course Title		First date course to be offered
Class of Insurance to which Course is Applicable (circle all that apply) Life Health Fire Casualty Personal Lines--P&C Motor Vehicle		Public Education (circle one) Yes No

INSTRUCTIONS

1. Submit a separate Exhibit A for **each** class of insurance.
2. In addition to this request, please submit a timed course outline in accordance with Exhibits E, F, G and H in Rule 3119.
3. Record all times in **hours**.
4. If using a publisher's course, submit a copy of the title page with date of copyright and exam method, if any.

Please indicate in the boxes below the amount of time you will spend on each type of instruction method. For credit purposes, one (1) hour in Illinois = 50 minutes of contact instruction.

1 = Classroom **only**; 2 = self-study **only**; 3 = interactive computer **only**; 4 = combination method **only**.

Type of Instruction	Method			
	1	2	3	4
Classroom or Seminar Hours				
Self-Study Correspondence				
Self-Study On-Line				
Interactive On-Line				
Exam Hours				
Total Number of Hours Requested				
Exam Method: S = Supervised N = Nonsupervised O = No Exam				

- Department Use Only -

_____ Course certified for _____ education hours

_____ Course not approved

X

We certify the above information is accurate and failure to comply with 50 Ill. Adm. Code 3119 may result in disqualification.

X

Signature

Date

X

Printed Name

Title